MARS	SHFI EI	D CEI	VTER
814	WEST	14TH	STREET

MARSHFI ELD 54449 Ownershi p: Corporati on Phone: (715) 387-1188 Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 192 Yes Total Licensed Bed Capacity (12/31/01): 206 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 177 Average Daily Census: 166 ******************** ***********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Pri mary Di agnosi s	%	Age Groups	%	Less Than 1 Year	41. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	39. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years	19. 2
Day Services	No	Mental Illness (Org./Psy)	37. 9	65 - 74	11.9		
Respite Care	No	Mental Illness (Other)	2. 3	75 - 84	29. 9	ĺ	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	45. 2	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 1	95 & 0ver	9. 6	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1. 7	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	4. 5		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	15. 3	65 & 0ver	96. 6		
Transportation	No	Cerebrovascul ar	10. 7			RNs	8. 7
Referral Service	No	Di abetes	1. 7	Sex	%	LPNs	4. 1
Other Services	No	Respi ratory	4. 5		· Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	20. 3	Male	31. 1	Ai des, & Orderl i es	35. 7
Mentally Ill	No			Female	68. 9		
Provi de Day Programming for		İ	100.0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther]	Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	34	100. 0	262	111	95. 7	85	4	100.0	182	23	100.0	145	0	0.0	0	0	0.0	0	172	97. 2
Intermedi ate				5	4. 3	72	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	2.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	34	100.0		116	100.0		4	100. 0		23	100.0		0	0.0		0	0.0		177	100. 0

County: Wood MARSHFIELD CENTER

**********	*****	********	*****	*****	******	*******	*****
Admissions, Discharges, and	ı	Percent Distribution	$of \>\> Resi dents'$	Condi ti ons	, Services, and	d Activities as of 12	2/31/01
Deaths During Reporting Period			% No.	edi ng		Total	
Daniel Adulturations Commi			0/		0	0/ T-4-11	
Percent Admissions from:		Activities of	*		ance of	% Totally	Number of
Private Home/No Home Health	6. 2	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	0. 6		5. 7	23. 7	177
Other Nursing Homes	0. 7	Dressi ng	5. 1	8	3. 1	11. 9	177
Acute Care Hospitals	91. 2	Transferring	12. 4	6	9. 5	18. 1	177
Psych. HospMR/DD Facilities	0.4	Toilet Use	8. 5	7	2. 9	18. 6	177
Reĥabilitation Hospitals	0.0	Eating	29. 4	6	1. 0	9. 6	177
Other Locations	1. 5	********************	******	******	******	*******	******
Total Number of Admissions	273	Continence		% Spe	ecial Treatment	s	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	7.9	Receiving Respi	ratory Care	13. 0
Private Home/No Home Health	28.8	Occ/Freq. Incontinent			Recei vi ng Trach		0. 6
Private Home/With Home Health	23. 5	0cc/Freq. Incontinent	of Bowel	40. 1	Receiving Sucti	oni ng	0. 6
Other Nursing Homes	5.4	<u> </u>]	Receiving Oston	ny Care	2. 8
Acute Care Hospitals	13.8	Mobility]	Receiving Tube	Feedi ng	2. 8
Psych. HospMR/DD Facilities	0.0	Physically Restrained		11. 9	Receiving Mecha	mically Altered Diet	s 39.0
Reĥabilitation Hospitals	0.0	<u> </u>			8	3	
Other Locations	9. 2	Skin Care		0t	her Resident Ch	naracteri sti cs	
Deaths	19. 2	With Pressure Sores		4.5	Have Advance Di	rectives	89. 3
Total Number of Discharges	- *	With Rashes			di cati ons		
(Including Deaths)	260	ĺ		1	Receiving Psych	oactive Drugs	57. 6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

**************	*****	*****	*****	*****	*****	*****	*****	*****	*****
	This Facility	1 3		2	Si ze: 00+ Group	Ski	ensure: lled Group	Al l Faci l	l lities
	% Ratio		%	Rati o	%	Ratio	%	Rati o	
O	00.0	00.7	0.00	07.0	0.00	05.0	0.04	04.0	0.05
Occupancy Rate: Average Daily Census/Licensed Beds	80. 6	82. 5	0. 98	87. 6	0. 92	85. 8	0. 94	84. 6	0. 95
Current Residents from In-County	74. 6	74. 3	1. 00	48 . 5	1. 54	69. 4	1. 07	77. 0	0. 97
Admissions from In-County, Still Residing	17. 6	19. 8	0. 89	24. 3	0. 72	23. 1	0. 76	20. 8	0. 85
Admissions/Average Daily Census	164. 5	148. 2	1. 11	57. 7	2. 85	105. 6	1. 56	128. 9	1. 28
Di scharges/Average Daily Census	156. 6	146. 6	1. 07	59. 8	2. 62	105. 9	1. 48	130. 0	1. 20
Discharges To Private Residence/Average Daily Census	81. 9	58. 2	1.41	18. 7	4. 37	38. 5	2. 13	52. 8	1. 55
Residents Receiving Skilled Care	97. 2	92.6	1. 05	82. 7	1. 17	89. 9	1. 08	85. 3	1. 14
Residents Aged 65 and Older	96. 6	95. 1	1. 02	89. 9	1. 07	93. 3	1.04	87. 5	1. 10
Title 19 (Medicaid) Funded Residents	65. 5	66. 0	0. 99	79. 2	0. 83	69. 9	0. 94	68. 7	0. 95
Private Pay Funded Residents	13. 0	22. 2	0. 59	16. 5	0. 79	22. 2	0. 58	22. 0	0. 59
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 5	0.00	0.8	0.00	7. 6	0.00
Mentally Ill Residents	40. 1	31.4	1. 28	39. 8	1.01	38. 5	1.04	33. 8	1. 19
General Medical Service Residents	20. 3	23.8	0.85	21.5	0. 95	21. 2	0. 96	19. 4	1.05
Impaired ADL (Mean)	52.8	46. 9	1. 13	40. 7	1. 30	46. 4	1. 14	49. 3	1. 07
Psychological Problems	57. 6	47. 2	1. 22	58. 0	0. 99	52. 6	1. 10	51. 9	1. 11
Nursing Care Required (Mean)	8. 8	6. 7	1. 31	8. 5	1. 03	7.4	1. 18	7. 3	1. 19